



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
[www.uspto.gov](http://www.uspto.gov)



Bib Data Sheet

CONFIRMATION NO. 8730

SERIAL NUMBER 10/083,159	FILING OR 371(c) DATE 02/27/2002 RULE	CLASS 399	GROUP ART UNIT 2852	ATTORNEY DOCKET NO. 220039US2														
<b>APPLICANTS</b> Hiroshi Ikeguchi, Saitama, JAPAN; Tsukuru Kai, Kanagawa, JAPAN; Takeyoshi Sekine, Tokyo, JAPAN; Toshihiko Yamanaka, Tokyo, JAPAN;																		
** CONTINUING DATA *****																		
** FOREIGN APPLICATIONS *****																		
JAPAN 2001-53568 02/28/2001 JAPAN 2001-65907 03/09/2001																		
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 04/09/2002																		
<table border="1"> <tr> <td>Foreign Priority claimed</td> <td><input type="checkbox"/> yes <input type="checkbox"/> no</td> <td rowspan="2">STATE OR COUNTRY JAPAN</td> <td rowspan="2">SHEETS DRAWING 9</td> <td rowspan="2">TOTAL CLAIMS 21</td> <td rowspan="2">INDEPENDENT CLAIMS 4</td> </tr> <tr> <td>35 USC 119 (a-d) conditions met</td> <td><input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance</td> </tr> <tr> <td>Verified and Acknowledged</td> <td>Examiner's Signature _____ Initials _____</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>					Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY JAPAN	SHEETS DRAWING 9	TOTAL CLAIMS 21	INDEPENDENT CLAIMS 4	35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged	Examiner's Signature _____ Initials _____				
Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY JAPAN	SHEETS DRAWING 9	TOTAL CLAIMS 21	INDEPENDENT CLAIMS 4													
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance																	
Verified and Acknowledged	Examiner's Signature _____ Initials _____																	
<b>ADDRESS</b> 22850																		
<b>TITLE</b> DEVELOPING DEVICE HAVING A DEVELOPER CARRIER INCLUDING MAIN AND AUXILIARY MAGNETIC POLES AND IMAGE FORMING APPARATUS USING THE SAME																		
FILING FEE RECEIVED 1272	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit																